DESIGN BRIEFING SYSTEM
NOTEBOOK

DBS 12

MC0313

Out-patients Department

DEPARTMENT OF HEALTH AND THE WELSH OFFICE

Design Briefing System

Out-patients Department

This Design Briefing System (DBS) document should be used in conjunction with Health Building Note No 12, Out-patients department. It is essentially a notebook for recording decisions at project team meetings when formulating user requirements for a design brief. All members of the project team will require their own copies.

Copies of DBS documents are published with each Health Building Note and are available from HMSO bookshops and agents (see Yellow Pages) or through any good bookshop. In case of difficulty write to:

HMSO Books (P9D)
St Crispins, Duke Street,
NORWICH, NR3 1PD

Further information on the use of DBS can be obtained from:

Department of Health
Estates Directorate
Room 503, Euston Tower
LONDON, NW1 3DN

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Design Briefing System

1. The preparation of design briefs for health buildings can be simplified by using this notebook. It will help project teams to identify user requirements in a logical, considered manner.

What DBS provides

2. DBS adopts a disciplined check list approach, identifying the planning decisions which need to be made by the project team. The format of DBS is as follows: a portion of the text of the associated Health Building Note is reproduced on the left hand page. On the facing right hand page, a sequence of options implied by the text are set out in such a way that they may easily be marked for acceptance, modification or rejection. The use of DBS ensures that, for example:

a. in a sequence of decisions, none is overlooked;

b. other options may be added if necessary;

c. earlier decisions are indentified so that they may easily be recaptured when associated topics are under consideration;

d. during refinement of the brief, the implications of modifications which may affect and therefore prompt reconsideration of earlier decisions, may easily be checked;

e. members of the team can review the questions next due for consideration and thus ensure that they are fully informed before the meeting. This has been found to be of great organisational and psychological benefit;

f. members of the project team can make their own record of decisions in the notebook itself mostly by ticking options, or entering additional text in the appropriate place. This means that there is a clear, up-to-date record of agreed decisions which can easily be identified, as they are not embedded in a mass of minutes not of immediate relevance.
The brief is then typed directly from a Master DBS notebook, supplemented where necessary with information from project team minutes.

3. Using DBS encourages project teams to consider the compatibility of decisions in a systematic and logical manner, thereby preparing a brief containing adequate detail of the user requirements. This should help to improve those areas in which some past designs have been deficient. For example, the provision of inadequate access or space.

4. DBS is primarily concerned with the detailed briefing stage of a project - preparation of the client/user contribution to a comprehensive design brief. In addition to providing information to the designer, the brief is useful at the commissioning stage, and for evaluation when the building has been in use for a period.

5. The use of DBS enables client/user requirements to be stated clearly and concisely by the project team, not only in respect of accommodation, but also how that accommodation is to be used. Furthermore, as mentioned previously, during refinement of the brief, use of DBS enables a check to be made on the implications of modifications resulting from previous client/user decisions, that is, it establishes a systematic data chain which can be referred to if at some subsequent stage it is necessary to trace back the reason for decisions. It must be borne in mind, however, that DBS options are not costed, and while providing the cost planner with earlier and more detailed information regarding the client/user requirements, DBS in itself does not assist in matching these with the money available.

6. This notebook is intended to be used as an aide memoire in conjunction with the associated Health Building Note and other guidance issued by the Department, and should not be regarded as taking the place of such guidance.

How to use this notebook

Using the notebook effectively

7. There are two parts to the notebook. The first part requires decision to be taken, lists the options available, and includes extracts of relevant guidance from the Health Building Note. The second part lists activity spaces (or rooms) from which a selection can be made based on decisions recorded in the first part.

Flexible use

8. Above all, the system should be used flexibly. Although the notebook anticipates the planning decisions which need to be considered, and carefully phrases the choices so that the design brief can be prepared directly from it, the project team can add other decisions, options, and notes, or change the phrasing of existing ones to suit the project's requirements.

Distribution

9. A copy of the notebook should be given to each member of the project team well before the first meeting where it is to be used. A Master copy should be held by the

project team secretary to record agreed decisions from which the brief is prepared.

Planning the meetings

10. Each member of the project team should read their copy of the DBS notebook, and the associated Health Building Note, before the first planning meeting. This gives an overall view of the planning decisions which have to be made and helps to place the sequence of the decisions discussed at meetings in the right context. The notebook can be used also, especially by the secretary or chairman of the team, to prepare the agenda of meetings and to arrange in advance for the attendance (or at least the views to be obtained) of representatives of specialist users (eg dentists, pharmacists, domestic services manager) when a particular service is being discussed.

Between meetings

11. Individual project team members can be assigned tasks relating to specific parts of the notebook to consider between meetings. This feature can be used to obtain relevant information, to stimulate and focus attention on necessary fact- finding studies. It also highlights groups of decisions for members to work on, individually or in consultation with colleagues or other specialists.

Member's record of meetings

12. Each member of the project team should record in their own notebook the decisions agreed at meeting so that:

a. a clear, immediate record of agreed decisions is taken away from each project meeting, rather than having to wait for meeting minutes (which have not been confirmed and may not always reflect accurately the decisions made);

b. one continuous record of up-to-date decisions is held by each team member rather than having records of decisions taken (and often revised) at various times embedded in a series of minutes (which may, in turn, be inaccurate).

13. This feature is especially important (at or outside the project meetings) when considering decisions which may have been amended by decisions made previously, and when checking that any interim or draft design brief accurately reflect the latest agreed decisions. If members are absent from a particular meeting then arrangements must be made for them to update their own notebook.

Meeting minutes

14. Minutes need only concentrate on the background leading up to the decisions made (and recorded in the DBS notebook) at project team meetings. If it is decided that parts of the minutes should be included in the client brief as supporting information, a note should be made alongside the relevant parts of the minutes which are to be added to the brief.

Cross-referencing

15. This is explained in detail in paragraphs 26. It enables decisions to be cross-checked and is an important feature especially in helping to review the implications of revising decisions made at previous meetings.

Design brief content

16. The primary aim of the brief prepared from a DBS notebook is to record the client/user requirements for a health building. The brief should be as unequivocal as possible to enable the design team to interpret their requirements into a design.

17. In addition, the brief will contain background information for designers and provide the basis for the commissioning and evaluation of the building. The organisational decisions included in DBS notebooks form an important aspect of this. The project team may decide also to include some extra background information from meeting minutes and this should be carefully noted in the Master DBS notebook.

18. Any brief (whether interim or complete) should be prepared directly from the Master DBS notebook (with supporting parts of minutes included as notes). This helps to ensure that the draft is as up-to-date and as complete as possible. It is also easier for all members of the team to check its accuracy. The draft can then be agreed and edited before issue outside the project team.

An example of part of a brief typed from one page of a DBS notebook is reproduced as an appendix.

Preparation of Part 2

19. Part 1 should be complete before selecting the detailed accommodation required (activity spaces) in Part 2. The secretary or chairman of the team can use Part 2 to ensure that a thorough check is carried out of the detailed implications of planning decisions recorded in Part 1. The choice of activity spaces and data sheets in draft form can then be made by a small sub group of the planning team for subsequent ratification by the full team.

Use after the brief is prepared

20. The Master copy of this completed notebook should be retained (and kept up-to-date with all changes) as part of the project documentation after the design brief has been agreed, so that:

a. any subsequent changes in the brief or design which may be necessary during the project design stage can be fully checked out for their implications using the cross-referencing features of the DBS notebook;

b. it forms the basis for preparing operational manuals, initialising training programmes, etc during commissioning;

c. a true evaluation can be made between the completed building and the intentions recorded in the design brief.

d. when considering any future building changes, upgrading or project phases, this DBS notebook (together with any other DBS documents for the project) is readily available to help ensure that new planning decisions are compatible with existing accommodation that has already been planned (but not yet built).

Content

21. The planning decisions in notebooks are structured as follows:

a. *General Philosophy and Considerations*, which is a summary of general philosophy of the service provided and general points that require consideration;

b. *Scope of Service and Workload*, which sets out the scope of service provided and its workload;

c. *Locational Relationships*, with other areas of the hospital;

d. *Organisation of Service*, which sets out detailed operational policy decisions under several subheadings. Planning decisions in this section have a direct implication on one or more of the following:

(i) Design, ie affect and type and quantity of the detailed facilities to be provided;

(ii) Operational policy, ie state operational procedures or staffing decisions which can be used as a reference point for commissioning or evaluation.

e. *General Design Requirements*, which state any overriding requirements which are not specified elsewhere in the design brief.

Presentation of information

22. Except for the introductory section - General Philosophy - all sections of the DBS notebook contain a set of options/planning decisions (shown on the right hand pages) together with extracts of any relevant planning guidance material (shown on the left hand pages), opposite the appropriate options/decisions.

Guidance

23. The primary objective of the portions of guidance material on the left hand page is to remind the project team of the appropriate section of the Health Building Note which must be taken into account before specific options on the opposite page are selected.

24. Paragraphs of guidance dealing with cost effectiveness are highlighted in bold type, to alert the project team to the capital and running cost implications of certain decisions.

Planning decisions

25. For most planning decisions a set of possible options is shown. Some of these may be predetermined, for example where compatibility with whole hospital policies provides no alternatives. The project team select the appropriate option by ticking within the square brackets alongside. Where appropriate their choice can be quantified, or they can enter other decisions, options of further information to be included in the brief.

26. A simple referencing system is incorporated which allows cross-checking for compatibility of decisions made. The reference relates to the page No (top left-hand corner) and the 'REF' column letter. For example, on page 20 of this notebook 'Out-patients Department', under reference 'D' - Consulting rooms with separate examination rooms will: (a) not be required; the unique reference for this option if selected is 20D(a), to which can be added the generic code for the DBS document - 'OPD', making in all OPD20D(a)

27. The reference in the 'EARLIER DECISION' columns (which are already printed in the document) may be used in a number of ways:

a. to check when making a decision that previous decisions are compatible (including Whole Hospital Policies);

b. to check all the relevant consequences of doing so when proposing to change a decision.

GENERAL PHILOSOPHY

The Out-patients Department is the 'shop-window' of the hospital. It is one of the departments everyone is likely to visit at least once, and the initial impression, of both the building and its organisation, is likely to remain. The layout of the department and the interior design should create a friendly and reassuring environment for patients, escorts and staff. A sense of dignity, based on respect for privacy and concern, should be maintained throughout the patient's visit.

(HBN, paras 1.3 and 2.2)

The main functions of an Out-patients Department are:

a. specialist consultation and examination;

b. treatment of patients who do not require the facilities of either an acute day patient or in- patient ward;

c. screening for the selection of day patients and in-patients;

d. following up and monitoring the condition of out-patients and day patients;

e. discharging patients from the care of the hospital, with referral if necessary to other health services.

(HBN, para 2.1)

2 SCOPE OF SERVICE AND WORKLOAD

LOCATION

The location of outpatient services is of critical importance, and careful thought is required in connection with the distribution of facilities within a health district. The size and population of the district, convenience to patients and staff, and the need for support services, are some of the factors to be taken into account.

Accommodation centralised in a DGH has the following advantages:

a. avoids duplication of services;
b. provides a readily accessible range of expertise;
c. support services close at hand;

In recent years there has been a move to decentralise some clinic sessions closer to the point of need, for example, to primary health care services. Decentralising services in a district to more than one site may have the advantage of:

a. easier access for patients;
b. the patient is more likely to be familiar with the environment and is therefore likely to be more relaxed, which in turn helps the doctor;
c. improved communication with the primary care team, and increased utilisation of primary health care premises;
d. assisting in the continuity of care by improved links between the GP and the specialist.

(HBN 12, paras. 2.4 to 2.6)

FACTORS AFFECTING SIZE OF DEPARTMENT

The factors which health authorities need to take into account when assessing their needs include:

a. the district profile (population characteristics, morbidity etc) from which to derive needs by specialties;
b. estimated number of new and return patient attendances that can be dealt with in each clinic session;
c. number of specialties;
d. number of clinic staff to be accommodated (including doctors, nurses and other professional and technical staff);
e. the number of rooms required for each clinic, based upon the method of working of the staff concerned;
f. time-tabled use of consulting and examination rooms;
g. availability of staff to conduct and support clinics.

(HBN 12, para. 2.8)

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

WH

A The DGH outpatient department will provide centralised accommodation for chosen specialties at:
(a) district level [ ]
(b) sub-regional level [ ]
(c) regional level [ ]
(d)

B Peripheral supporting units will be based (SPECIFY LOCATION):
(a) _____
(b) _____
(c) _____

C The following features of the district may affect the service provided:
(a) type of population _____
(b) type of area _____
(c) morbidity rate _____
(d) industrial features _____
(e) environmental factors _____

2 SCOPE OF SERVICE AND WORKLOAD

SERVICE PROVIDED

The total needs for a district's outpatient services will be assessed as part of the strategic planning process. In determining the size and functions of a new OPD at a DGH, the provision available elsewhere must be considered. In developing service plans, health authorities should take account of all their capital stock, which may lead to some outpatient services being de-centralised.
(HBN 12, para. 2.3)

PLEASE REFER TO PARAGRAPH 1.7 OF THE HBN FOR EXCLUSIONS

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

A THE DISTRICT WILL PROVIDE OUTPATIENT SERVICES FOR THE FOLLOWING SPECIALTIES:

SPECIALTY	IN THIS DEPARTMENT	ELSEWHERE (SPECIFY)
(a) anaesthetic assessment	____	_____
(b) cardiology	____	_____
(c) chest diseases	____	_____
(d) chiropody	____	_____
(e) child assessment	____	_____
(f) cytology	____	_____
(g) dental surgery	____	_____
(h) elderly (geriatric)	____	_____
(j) elderly people with mental illness	____	_____
(k) family planning	____	_____
(m) fracture clinic	____	_____
(n) gynaecology	____	_____
(p) medicine - general	____	_____
(r) mental illness (adult)	____	_____
(s) mental illness (child)	____	_____
(t) obstetrics	____	_____
(v) oncology	____	_____
(w) orthopaedics/trauma	____	_____
(x) rehabilitation	____	_____
(y) rheumatology	____	_____
(z) stoma care	____	_____
(aa) staff - occupational health	____	_____
(bb) surgery - general	____	_____
(cc)		

2 SCOPE OF SERVICE AND WORKLOAD

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

A THE DISTRICT WILL PROVIDE THE FOLLOWING OUTPATIENT SERVICES:

SPECIALTY	IN THIS DEPARTMENT	ELSEWHERE (SPECIFY)
(a) cardiothoracic surgery	____	_____
(b) dermatology	____	_____
(c) ENT	____	_____
(d) neurology	____	_____
(e) neurosurgery	____	_____
(f) opthalmology	____	_____
(g) orthodontics	____	_____
(h) plastic (reconstructive) surgery	____	_____
(j) radiotherapy	____	_____
(k) special treatment clinic (genito urinary medicine)	____	_____
(m) urology	____	_____
(n)		

2 SCOPE OF SERVICE AND WORKLOAD

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

A THE DISTRICT WILL PROVIDE THE FOLLOWING OUTPATIENT SERVICES:

SPECIALTY	IN THIS DEPARTMENT	ELSEWHERE (SPECIFY)
(a) cardiothoracic surgery	____	_____
(b) dermatology	____	_____
(c) ENT	____	_____
(d) neurology	____	_____
(e) neurosurgery	____	_____
(f) opthalmology	____	_____
(g) orthodontics	____	_____
(h) plastic (reconstructive) surgery	____	_____
(j) radiotherapy	____	_____
(k) special treatment clinic (genito urinary medicine)	____	_____
(m) urology	____	_____
(n)		

2 SCOPE OF SERVICE AND WORKLOAD

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

A The population of the catchment area served by the outpatient department is estimated will be:

19__	19__	19__
____	____	____

B The percentage in each group of patients is estimated will be:

		19__	19__	19__
MALE	14-18	____	____	____
	18-65	____	____	____
	65+	____	____	____
FEMALE	14-18	____	____	____
	18-65	____	____	____
	65+	____	____	____
CHILDREN up to 14 years		____	____	____

2 SCOPE OF SERVICE AND WORKLOAD

PATHOLOGY TESTS

The HBN assumes that venepuncture will usually take place in the OPD rather than in the Pathology Department. This system obviates the need for patients to leave the OPD and reduces the need for public access to the Pathology Department. The decision on this, however, is for the project team. (see para. 3.6b of the HBN and HBN 15 - Pathology Department (in preparation)). (HBN 12, para. 2.17)

WORKING HOURS FOR STAFF

The conventional working hours for staff in an OPD are 9am to 5pm, Monday to Friday, although consideration should be given to providing special evening or weekend clinics, which may be more convenient for some patients and which may provide better utilisation of capital stock. If it is planned to open the OPD outside of standard times, this may affect the size of the accommodation required. Special attention will also need to be given to the availability of support services and facilities, and to the need for cleaning and maintenance.
(HBN 12, para. 2.9)

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

A Patients may be referred to the department from:
(a) other departments in the hospital [ ]
(b) general practitioners [ ]
(c) other hospitals [ ]
(d)

B Facilities will be required for:
(a) reception/documentation [ ]
(b) consultation/examination [ ]
(c) outpatient treatment [ ]
(d) clinical measurement [ ]
(e) haematology/specimen collection [ ]
(f) medical social workers [ ]
(g) medical photography [ ]
(h)

C The department will normally be open:
(a) 9am to 5pm Monday to Friday [ ]
(b) in the evening for certain clinics only (SPECIFY):

_____

(c) at weekends for certain clinics only (SPECIFY):

_____

(d)

2 SCOPE OF SERVICE AND WORKLOAD

REFER TO APPENDIX, ANNEX 1

OUTPATIENT DEPARTMENT

2 SCOPE OF SERVICE AND WORKLOAD

The current service profile is as follows: (DELETE AS REQUIRED)

	B New atts per annum	C Return atts per annum	D Total atts per annum	G Number of sess-ions	E Atts per 1000	H Average atts per session	F Average atts per patient per annum	J Duration of consul-tation period (hours)	K Average number of patients per hour
Anaesthetic Assessment	___	___	___	___	___	___	___	___	___
Cardiology	___	___	___	___	___	___	___	___	___
Cardiothoracis Surgery	___	___	___	___	___	___	___	___	___
Chest Diseases	___	___	___	___	___	___	___	___	___
Chiropody	___	___	___	___	___	___	___	___	___
Child assessment (comprehensive)	___	___	___	___	___	___	___	___	___
Cytology	___	___	___	___	___	___	___	___	___
Dental Surgery	___	___	___	___	___	___	___	___	___
Dermatology	___	___	___	___	___	___	___	___	___
ENT	___	___	___	___	___	___	___	___	___
Elderly (geriatric)	___	___	___	___	___	___	___	___	___
Elderly (with mental illness)	___	___	___	___	___	___	___	___	___
Family Planning	___	___	___	___	___	___	___	___	___
Fracture Clinic	___	___	___	___	___	___	___	___	___
Gynaecology	___	___	___	___	___	___	___	___	___
Medicine - general	___	___	___	___	___	___	___	___	___
Mental Handicap (adult/child)	___	___	___	___	___	___	___	___	___
Neurology	___	___	___	___	___	___	___	___	___
Neuro Surgery	___	___	___	___	___	___	___	___	___
Obstetrics	___	___	___	___	___	___	___	___	___
Oncology	___	___	___	___	___	___	___	___	___
Orthodontics	___	___	___	___	___	___	___	___	___
Orthopaedics/trauma	___	___	___	___	___	___	___	___	___
Plastic (reconstructive) Surgery	___	___	___	___	___	___	___	___	___
Radiotherapy	___	___	___	___	___	___	___	___	___
Rehabilitation	___	___	___	___	___	___	___	___	___
Rheumatology	___	___	___	___	___	___	___	___	___
Special Treatment Clinic (Genito-Urinary Medicine)	___	___	___	___	___	___	___	___	___
Stoma Care	___	___	___	___	___	___	___	___	___
Staff Occupational Therapy	___	___	___	___	___	___	___	___	___
Surgery - general	___	___	___	___	___	___	___	___	___
Urology	___	___	___	___	___	___	___	___	___

3 SUMMARY OF PROVISION

REFER TO APPENDIX, ANNEX 2

3 SUMMARY OF PROVISION

The estimated and planned future provision is as follows:

	A Planning population	B Planned total attendances	C Planned attendances per 1,000	D Planned average attendances per patient per annum	E Calculated new attendances per annum
Anaesthetic Assessment					
Cardiology					
Cardiothoracis Surgery					
Chest Diseases					
Chiropody					
Child assessment (comprehensive)					
Cytology					
Dental Surgery					
Dermatology					
ENT					
Elderly (geriatric)					
Elderly (with psychiatric disorder)					
Family Planning					
Fracture Clinic					
Gynaecology					
Medicine - general					
Mental Handicap (adult/child)					
Neurology					
Neuro Surgery					
Obstetrics					
Oncology					
Orthodontics					
Orthopaedics/trauma					
Plastic (reconstructive) Surgery					
Radiotherapy					
Rehabilitation					
Rheumatology					
Special Treatment Clinic (Genito-Urinary Medicine)					
Stoma Care					
Staff Occupational Therapy					
Surgery - general					
Urology					

3 SUMMARY OF PROVISION

REFER TO APPENDIX, ANNEX 2

3 SUMMARY OF PROVISION

The estimated and planned provision is as follows:

	F Calculated return attendances per annum	G Average consultation time per new attendance (minutes)	H Average consultation time per return attendance (minutes)	J Annual consultation time required (hours)	K Average duration of consultation period (hours)	L Clinic sessions per week	M Average attendances per clinic session	N Consultation rate no. of patients per hour
Anaesthetic Assessment								
Cardiology								
Cardiothoracis Surgery								
Chest Diseases								
Chiropody								
Child assessment (comprehensive)								
Cytology								
Dental Surgery								
Dermatology								
ENT								
Elderly (geriatric)								
Elderly (with psychiatric disorder)								
Family Planning								
Fracture Clinic								
Gynaecology								
Medicine - general								
Mental Handicap (adult/child)								
Neurology								
Neuro Surgery								
Obstetrics								
Oncology								
Orthodontics								
Orthopaedics/trauma								
Plastic (reconstructive) Surgery								
Radiotherapy								
Rehabilitation								
Rheumatology								
Special Treatment Clinic (Genito-Urinary Medicine)								
Stoma Care								
Staff Occupational Therapy								
Surgery - general								
Urology								

3 SUMMARY OF PROVISION

REFER TO APPENDIX, ANNEX 3

3 SUMMARY OF PROVISION

The number of room sessions required per week will be:

	Number of consultation periods		Number of rooms used	
	per week	per clinic session	per doctor	per clinic
Anaesthetic Assessment				
Cardiology				
Cardiothoracis Surgery				
Chest Diseases				
Chiropody				
Child assessment (comprehensive)				
Cytology				
Dental Surgery				
Dermatology				
ENT				
Elderly (geriatric)				
Elderly (with psychiatric disorder)				
Family Planning				
Fracture Clinic				
Gynaecology				
Medicine - general				
Mental Handicap (adult/child)				
Neurology				
Neuro Surgery				
Obstetrics				
Oncology				
Orthodontics				
Orthopaedics/trauma				
Plastic (reconstructive) Surgery				
Radiotherapy				
Rehabilitation				
Rheumatology				
Special Treatment Clinic (Genito-Urinary Medicine)				
Stoma Care				
Staff Occupational Therapy				
Surgery - general				
Urology				

3 SUMMARY OF PROVISION

REFER TO APPENDIX, ANNEX 4

3 SUMMARY OF PROVISION

ALLOCATION OF CLINIC SESSIONS

Day/period of session		Numbers of consulting and examination rooms in each string Utilisation of C/E rooms
Monday	am	
	pm	
Tuesday	am	
	pm	
Wednesday	am	
	pm	
Thursday	am	
	pm	
Friday	am	
	pm	

3 SUMMARY OF PROVISION

SPECIALTY CLINICS

The principles and many of the requirements for a general OPD apply equally to a number of specialty clinics, and consequently dedicated accommodation should be kept to a minimum. A standard consulting and examination room in a general purpose OPD may be used for specialty clinic purposes by:

a. the use of the room as it is;
b. bringing special equipment into the room for the period of a clinic; a nearby store will be required for such equipment;
c. fixing equipment, provided that the room can still be used for other specialty clinics.

Standard rooms used by as many people as possible will result in a compact and economical department. Wherever possible, specialty clinics should be integrated with general outpatients facilities to form a comprehensive OPD.

Orthopaedic clinics need to accommodate patients and their escorts; many of these patients will be on crutches or in wheelchairs. Waiting spaces must reflect these factors. Easy access to plaster facilities is essential.

Guidance for a chiropody room is provided in the HBN. (See paragraphs 4.33-4.35). If other special rooms are required (eg for dentistry), refer to the relevant building and design guidance. (see paragraph 1.7 of the HBN) (HBN 12, paras. 3.8 to 3.10)

Earlier decision	Ref	3 SUMMARY OF PROVISION
7-11	A	The total number of consulting/examination rooms required will be _____
3-4	B	Standard C/E rooms will be used for the following specialties:

	by equipment brought in	by fixed equipment
(a) ENT	[ ]	[ ]
(b) ophthalmology	[ ]	[ ]
(c) dermatology	[ ]	[ ]
(d)		

4 LOCATIONAL RELATIONSHIPS

LOCATION

Patients may arrive by ambulance, by car, by public transport, or on foot and will usually have an escort. Adequate car parking space is essential. This should not impede ambulance unloading. There should be separate setting down points close to the OPD entrance for patients arriving by ambulance and by car.

The OPD is usually situated close to the main entrance to a DGH and access to it is usually via the main entrance. Sometimes, however, the OPD will be located so that it has its own entrance. Guidance regarding a departmental entrance is given in HBN 52 - Other amenity spaces - (in preparation).

A large number of patients and escorts will attend the OPD. Many patients will have mobility problems for example, auditory or visual impairment. For this reason, the OPD should be located on the ground floor. If, unavoidably, any part of it is not on the ground floor, adequate and easy access by lift and stairs must be provided.

Access and circulation routes to and within the OPD should be sufficiently direct and clearly signposted to prevent patients losing their way within the hospital.
(HBN 12, paras. 3.2 to 3.5)

Earlier decision	Ref	4 LOCATIONAL RELATIONSHIPS
6C	A	The outpatient department will be located: (a) on the ground floor [ ] (b) with some accommodation on the first floor/s with easy access by lift and stairs [ ] (c)
6C	B	Access will be required from the department to: (a) the main hospital street [ ] (b) the main hospital entrance [ ] (c) a separate external entrance which will require a canopy for patients to alight under cover [ ] (d)
WH	C	Access and parking facilities will be required for: (a) ambulances [ ] (b) vehicles of disabled patients [ ] (c) private vehicles (patients and escorts) [ ] (d)

4 LOCATIONAL RELATIONSHIPS

Departments which have a link with the OPD should be readily accessible from it, but project teams will need to determine how far this can be achieved. The departments concerned are listed in the HBN with the relevant guidance notes.
(HBN 12, para. 3.6)

Earlier decision | Ref

4 LOCATIONAL RELATIONSHIPS

A The order of priority for planning the outpatient department near to or adjacent to the other departments of the hospital is as follows:
(INDICATE PRIORITIES IN NUMERICAL ORDER)
(a) Accident and Emergency [ ]
(b) Radiology [ ]
(c) Pathology [ ]
(d) Pharmacy [ ]
(e) Health Records [ ]
(f) Rehabilitation [ ]
(g) Physiological Measurement [ ]
(h) Social Services [ ]
(j) Dietetics [ ]
(k)

B Other services requiring accommodation on a sessional basis will be:
(a)
(b)
(c)

5 ORGANISATION OF SERVICE
5.1 PATIENTS' ENTRANCE, RECEPTION AND DOCUMENTATION

Enquiry Point
An enquiry point should be located immediately at the entrance to the department. Depending upon the size of the department, it will need to be manned by one, or two, staff, whose main functions will be dealing with general enquiries from patients (both in person and on the telephone), appointments, and the payment of travelling expenses. Space will be required for computer terminals. Staff based at the desk may need to discuss personal details with the patients and the design should achieve a satisfactory level of privacy.

A signboard at this point indicating locations of current clinic sessions, including specialties, names of doctors, starting times and identity of clinic suites, will be helpful to patients and will reduce the number of enquiries. (see HTM 65 - 'Signs').
(HBN 12, paras. 4.4 and 4.5)

Information Service
Anxiety of patients and their escorts when having to wait can be reduced if the department's design achieves a quiet and restful atmosphere. Good organisation is also important, which includes ensuring that patients are kept fully and continuously informed of reasons for any delay. This information may be both verbal and visual, for example by the use of video systems. These could also be used to provide information about health education and services available through organisations such as Community Health Councils.
(HBN 12, para. 2.15)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.1 PATIENTS' ENTRANCE, RECEPTION AND DOCUMENTATION

A Patients may arrive at the department:
(a) on foot [ ]
(b) in a wheelchair [ ]
(c) on a trolley [ ]
(d)

13C B Patients may be accompanied by:
(a) friends or relatives [ ]
(b) ambulance personnel [ ]
(c) hospital staff [ ]
(d)

C An enquiry point will be required immediately at the entrance to the department:
(a) manned by _____ staff
(b)

D The enquiry point will provide facilities for:
WH (a) communication by telephone [ ]
(b) use of computer terminal/s [ ]
(c) dealing with general enquiries [ ]
(d) making appointments for patients [ ]
(e) payment of travel expenses [ ]
(f) discussion with patients in privacy [ ]
(g) display of current clinic information/use [ ]
(h)

E Patients and relatives interviews may also take place in:
(a) a separate interview room [ ]
(b) any office available within the department [ ]
(c) a shared office for visiting staff [ ]
(d)

F An information service for patients will be provided by using:
(a) a video system [ ]
(b) notice boards [ ]
(c) public address system [ ]
(d)

Childrens' play area and pushchair parking space
A play area for children accompanying adult patients should be provided. Young children should be able to play or read in safety without disturbing adult patients. The location of the play area should facilitate easy supervision by voluntary workers, hospital staff or other adults. If possible, there should be access to a suitable outside play area. (see HBN 45 - 'External Works for health buildings' (in preparation). Nappy changing facilities should be provided near to the childrens play area. A small parking space or store for pushchairs should be provided.
(HBN 12, para. 4.6)

Clinic reception desk
A reception desk should be provided for each clinic suite. It should be located with the clinic waiting area and be adjacent to consulting and examination rooms. The receptionist should easily be able to see patients waiting, and should have oversight of as many consulting and examination rooms as possible.

Space will be needed for the following activities, some of which will need to be carried out in privacy:

a. receiving and registering of patients upon arrival;
b. making re-appointments and appointments with other clinics;
c. temporary storage of health records, usually on a trolley, for the duration of the clinic session;
d. use of telephones and computer terminals.

(HBN 12, paras. 4.11 and 4.12)

Earlier decision	Ref	5 ORGANISATION OF SERVICE 5.1 PATIENTS' ENTRANCE, RECEPTION AND DOCUMENTATION
	A	A play area for children will be provided: (a) supervised by voluntary workers/hospital staff or other adults: (SPECIFY) _____ (b) with a small parking space for pushchairs [ ] (c) with a store for pushchairs [ ] (d) with a WC/nappy change facilities [ ] (e) with access to an outside play area [ ] (f)
WH	B	The system of patient registration will be: (a) pre-registration with records compiled in the records department [ ] (b) registration at the clinic desk on first attendance [ ] (c)

Appointments system, reception and waiting
An effective appointments system is essential to the operation of an efficient OPD. A well-managed system will facilitate the functions of the department and will be an important factor in determining the number of patients for whom waiting space should be provided.
(HBN 12, para. 2.13)

Clinic waiting area
The clinic waiting area should be close to the clinic reception desk and be within easy distance of the consulting and examination rooms. It should have a relaxing atmosphere and have a variety of seating. There must be no seating immediately outside a consulting and examination room. A variety of reading material should be available. Adequate space is needed for wheelchair patients. WC facilities should be available nearby. (see paragraph 4.56 of the HBN).

The size of the clinic waiting area is affected by:

a. the number of patients attending the clinics;
b. the number of escorts and where they wait;
c. the number of patients in wheelchairs.

An efficient appointments system should be assumed when planning the size of the waiting area.

A clinic waiting area should not be oversized merely to cope with the occasional build up of patients. Locating two clinic waiting areas adjacent to each other may facilitate overspill arrangements by allowing shared use. A large space may be broken down into small units by the skilful arrangement of seating and by indoor planting.

In areas to be used for orthopaedic clinics, most patients are likely to be physically disabled, using crutches and fitted with splints etc. Care should be taken to allow for this in planning the size of the clinic waiting area.

Project teams may wish to consider the provision of low level background music and/or a video system. This may help patients to relax, alleviate the boredom of waiting, particularly for children, and mask confidential discussions.
(HBN 12, paras. 4.13 to 4.17)

Earlier decision	Ref	
		5 ORGANISATION OF SERVICE
		5.1 PATIENTS' ENTRANCE, RECEPTION AND DOCUMENTATION
WH	A	The receptionist will require facilities for: (a) receiving and registering patients on arrival [ ] (b) making appointments [ ] (c) temporary storage of health records [ ] (d) the use of telephone and computer terminal/s [ ] (e)
	B	The appointment system used will be: (a) individual appointments [ ] (b)
WH	C	Outpatients' health records will be: (a) held in the central records store [ ] (b) delivered to each clinic reception (on a trolley) before the commencement of each clinic service [ ] (c) returned to the central records store after each clinic session [ ] (d)
WH, 13C	D	Ambulance transport arrangements will be co-ordinated with the appointments system and: (a) organised by an ambulance liaison officer based _____ (b) organised at the transport office in the _____department (c)
WH	E	Patients will wait for transport: (SPECIFY LOCATION) (a) _____ (b) _____

Next Patient Call System

Most patients in the clinic waiting area are called by name by the nurse or clinic receptionist. Special consideration needs to be given to calling patients with an auditory or visual handicap.

Some clinicians may prefer their patients to be called personally, but in order to assist patients who are deaf or have some auditory impediment, a simple and unobtrusive 'next-patient' call system will be required. This should comprise an illuminated indicator panel and warning buzzer of subdued tone located at the reception desk.
(HBN 12, paras. 3.24 and 6.71)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.1 PATIENTS' ENTRANCE, RECEPTION AND DOCUMENTATION

A The "next patient" call system will be:
(a) by a member of staff [ ]
(b) by means of an electro/mechanical call system [ ]
(c)

Physical measurement
It is often necessary for outpatients to be weighed and measured. This is usually carried out prior to the consultation/examination, and a small space is required where this can take place in privacy, and the results recorded. The facility should be provided close to groups of consulting and examination rooms and the related waiting area. Provision should be made for a mobile weighing chair so that some patients can be weighed in the privacy of the consulting/examination room if necessary.
(HBN 12, para. 4.18)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.1 PATIENTS' ENTRANCE, RECEPTION AND DOCUMENTATION

A Physical measurement facilities will be provided:
(a) in a discrete area [ ]
(b) close to consulting/examination rooms and the related waiting area [ ]
(c) with a mobile weighing chair for use in consulting/examination rooms [ ]
(d)

Combined consulting and examination rooms
The HBN has been prepared on the basis that the combined consulting and examination room is preferable to separate consulting rooms and examination rooms. The combined room facilitates unbroken consultation and examination and, if there is only one door, greater acoustic privacy is achieved. The combined room has greater flexibility in use, as it may be used for either consultation, or examination, or it may be used for both. The provision of combined rooms also simplifies the present and future allocation of rooms to doctors for particular clinics.

A standard consulting and examination room should be large enough to accommodate a doctor, a nurse, a patient (who may be in a wheelchair), and a patient's escort.

The room will be used for consultation, examination, taking and recording of blood pressure, and for minor diagnostic and treatment procedures. Space is needed for a desk and chairs, and an examination couch, screened by curtains. There should be sufficient space within the curtained area for a patient to undress/dress in privacy, with assistance when required. The examination couch should be accessible from both sides. Space is needed for a mobile adjustable inspection lamp. Clinical handwash facilities are required.

The layout of the room should ensure maximum privacy, especially when the door is opened. Although communication doors between adjacent consulting and examination rooms may facilitate the movement of staff, their use intrudes upon both the patient's privacy and the consultation, so that they are not recommended. If they are provided, such rooms must not be used as a general traffic route.

Standard consulting and examination rooms can be used by a wide range of specialties. They should not be used routinely as offices, although they can be allocated, for example, as a base for a social worker for the period of a clinic.
(HBN 12, paras. 4.19 to 4.23)

Consulting rooms with separate examination rooms
Consulting rooms with adjacent examination rooms may be justified for some clinics. They do not provide the flexibility of combined consulting and examination rooms because each is permanently committed to a single purpose. They limit the number of clinics which can be undertaken in the same overall area.

Diagram 2 of the HBN illustrates the comparative space utilisation in the choise of provision of either combined consulting/examination rooms, or consulting rooms with adjacent separate examination rooms. Diagrams 3 and 4 of the HBN illustrate alternative clinic suite arrangements using a group of 6 combined consulting/examination rooms and their flexibility of use.
(HBN 12, paras. 4.24 and 4.25)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

A Patients referred to the department for consultation/examination/assessment will be seen in:
(a) the combined consulting and examination rooms [ ]
(b)

B Each standard consulting and examination room will be able to accommodate:
(a) a doctor [ ]
(b) a nurse [ ]
(c) a patient (who may be in a wheelchair) [ ]
(d) an escort [ ]
(e)

C Each room will ensure privacy while being used for:
(a) consultation in [ ]
(b) examination (using a couch) [ ]
(c) taking and recording blood pressure [ ]
(d) minor diagnostic and treatment procedures [ ]
(e) clinical handwashing [ ]
(f) temporary use by visiting staff (eg social worker) [ ]
(g)

D Consulting rooms with separate examination rooms will:
(a) not be required [ ]
(b) be required for (SPECIFY WITH RATIO)

_____ ____:____

_____ ____:____

Treatment waiting area
Depending upon the design solution, a small waiting area for up to 10 persons may be required in the vicinity of the treatment facility.
(HBN 12, para. 4.27)

Treatment facility

Investigations and treatments which are not appropriate to the consulting and examination rooms, and which do not require use of the acute day patient accommodation, will be carried out in the treatment facility in the OPD. This facility will be used during clinics as required and the level of provision will depend upon the size of the department and the local practice for conducting clinical investigations and treatments.

To ensure visual and auditory privacy, the treatment facility should be divided by partition walls into two treatment rooms and a preparation area. The treatment facility is intended to be used by most clinical specialties, and for a variety of routine clinical procedures and treatment. These will be carried out in the rooms with the patient lying on an examination couch or trolley, or sitting in a chair. Access to the patient is required from all sides, and space is needed in each room for parking a dressing trolley, a mobile examination lamp, and a wheelchair. Each room will require clinical handwashing facilities.

Certain clinical procedures require the use of cryo-surgical equipment. This equipment may utilise either liquid nitrogen, liquid carbon dioxide, high pressure carbon dioxide, or high pressure nitrous oxide. When high pressure nitrous oxide is used, the gaseous exhaust should not be permitted to discharge freely into the atmosphere of the treatment room but should be connected into a purpose-installed exhaust pipe. This pipe may be terminated in a non-recirculating extract ventilation duct or at a suitable external high-level position where it is protected against back pressure from adverse wind effects and located to avoid re-introduction of the exhaust gases into the building through air intakes and windows.

Outside the room, but within the treatment facility, there should be a preparation area where sterile packs, lotions and drugs for immediate use are stored, and where trolleys are prepared. A work surface is required.

The treatment facility should be positioned between the clean and dirty utility rooms with direct access for staff to each from the preparation area. It requires mechanical ventilation to prevent the ingress of air from other areas when the doors are closed. (see diagram 5 of the HBN)
(HBN 12, paras. 4.28 to 4.32)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.3 PATIENT TREATMENT FACILITIES

3-4

A The treatment facility will comprise:
(a) 2 treatment rooms [ ]
(b) a preparation area [ ]
(c) a small waiting area (_____) persons
(d)

B Patients will dress/undress/change:
(a) in consulting/examination rooms [ ]
(b) in examination cubicles [ ]
(c) behind mobile screens [ ]
(d)

C Patients' property (SPECIFY) will be kept:
(a) in baskets _____
(b) on pegs in treatment areas _____
(c) with the patient at all times _____
(d)

D Treatment of patients may be carried out with the patient:
(a) lying on an examination couch/trolley [ ]
(b) sitting on a chair [ ]
(c)

E The treatment rooms will require space for:
(a) access to the patient from all sides [ ]
(b) parking a dressings trolley [ ]
(c) a mobile examination lamp [ ]
(d) parking a wheelchair [ ]
(e) clinical handwashing [ ]
(f) use of cryo-surgical equipment [ ]
(g)

F The preparation area will be used for:
(a) storage of sterile pads, lotions and drugs [ ]
(b) preparation of dressings trolleys [ ]
(c) keeping records of drugs [ ]
(d)

Plaster facilities
Orthopaedic clinics will normally use the standard clinic reception and waiting facilities and combined consulting and examination rooms in the OPD on a sessional basis. The special facilities required for plaster application and removal are:

a. **Plaster room waiting area**
As only a small number of patients will need to wait for the plaster room, patients may wait in an adjacent clinic waiting area, for example the one also used by patients attending orthopaedic clinics;

b. **Plaster room**
This should be located near the main hospital street as some patients will arrive on beds from the wards. The room should contain two curtained cubicle areas, each with a couch. One should have a ceiling suspension position. Space to work all round the couch is required. Sufficient space is needed for manoeuvring a bed within the room and for a patient to be transferred from a bed on to an examination couch. Each cubicle should have space for a plaster application trolley, a wall-mounted x-ray viewer, stools and sack stands, and one wall-mounted long mirror. A plaster sink, work surface and storage for tools may be shared between the two spaces. One clinical handwash basin is required. Mechanical ventilation should be provided to eliminate odours and plaster dust;

c. **Plaster room stores**
Storage space is required within the plaster room for Plaster of Paris and other compounds (eg fibre glass) used for making splints, and for bandages, theatre-type boots, equipment and instruments. Provision of two stores would facilitate segregation of items. Temperature control may be necessary in one of the stores if heat-sensitive materials are in use;

d. **Crutches and splint store**
Provision is required for the storage of walking aids such as crutches and splints;

e. **Office (plaster room)**
A small en-suite office is required for plaster room staff where clerical activities and confidential discussions can take place. Telephone facilities will be required.
(HBN 12, para. 4.62)

Earlier decision	Ref	5 ORGANISATION OF SERVICE 5.4 PATIENT TREATMENT - PLASTER FACILITIES
14A	A	Facilities for the use of plaster of Paris will be available: (a) within the department [ ] (b) in the fracture/orthopaedic clinic [ ] (c) in the rehabilitation department [ ] (d)
	B	The specific facilities to be provided in the OPD will include: (a) a waiting area (shared with _____) (b) a plaster room (_____ cubicles) (c) a working area shared between cubicles [ ] (d) _____ plaster room store/s (e) a walking aids store [ ] (f) a small en suite office [ ] (g)
	C	Patients may be brought to the plaster room from: (a) outpatient areas [ ] (b) accident and emergency [ ] (c) inpatient wards [ ] (d)
	D	Facilities for the making of thermoplastic splints will be available: (a) within the department [ ] (b) in the fracture/orthopaedic clinic [ ] (c) in the rehabilitation department [ ] (d)
	E	Patients requiring splints will be assessed and fitted in the: (a) department [ ] (b) rehabilitation department [ ] (c) fracture/orthopaedic clinic [ ] (d)

Venepuncture

Facilities will usually be required in the OPD for the taking and testing of blood specimens. The location of these facilities will be a matter for local decision. Ease of access from the clinic suites is required. If large numbers of patients are referred from GPs, a location close to the entrance to the OPD will be preferable.
(HBN 12, para. 4.40)

Venepuncture waiting area

Depending on the referral pattern and the design solution, a waiting area for up to 15 persons should be provided. A small reception point may be required but often a numbered ticket apparatus can be used to call patients.
(HBN 12, para. 4.41)

Venepuncture cubicles

Blood specimens will be taken in cubicles by trained phlebotomists. A group of three cubicles will usually be adequate for most sizes of OPD, but the number of cubicles will be determined by project teams in the light of the number of referrals by GPs. Each cubicle will accommodate one sitting patient and a phlebotomist. Clinical handwash facilities are required in each cubicle. One cubicle should be suitable for a wheelchair patient, and one should contain an examination couch in case it is necessary for a patient to lie down. Space will be needed for portable analytical equipment as some analyses will take place there. Storage facilities for sterile items etc. is required.
(HBN 12, para. 4.42)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.5 PATIENT TREATMENT - VENEPUNCTURE

14A

A Venepuncture will be carried out in:
(a) separate cubicles in the OPD [ ]
(b) the pathology department [ ]
(c) the haemotology department [ ]
(d)

B Patients for venepuncture procedures will wait:
(a) in a small separate waiting area with a small reception point [ ]
(b) with a numbered waiting system [ ]
(c)

C Blood specimens will be taken:
(a) by trained phlebotomists [ ]
(b) in _____ separate cubicles
(c)

D Each cubicle will require:
(a) space for a patient sitting [ ]
(b) a phlebotomist [ ]
(c) space for portable analytical equipment [ ]
(d) storage for sterile items etc [ ]
(e)

E Designated cubicles will be needed for:
(a) wheelchair patients [ ]
(b) patients to be examined on a couch [ ]
(c)

Clean utility room

A clean utility room should be located adjacent to the treatment preparation area and have direct access to it. Provision is required for the preparation and storage of all drugs, medicines and lotions, and for a working supply of clean and sterile supplies, and the preparation of trolleys for the clinics. The Controlled Drugs cupboard may be located here. A clinical handwash basin is required.
(HBN 12, para. 4.33)

Dirty utility room

A dirty utility room should be located with direct access from the treatment preparation area. Specimens may be passed through a hatch from the adjacent WC. Facilities are required for testing specimens of urine and recording results, and for the disposal of liquid waste. Provision is needed for the cleaning of dressing trolleys and other items of equipment, and for the temporary holding of items requiring reprocessing or disposal. A combined disposal unit with worktop will be needed. Clinical handwash facilities are required.
(HBN 12, para. 4.34)

Specimen WC

Two WCs should be provided with hatches, for specimen collecting in the dirty utility room. One of these WCs may be the one designed for wheelchair patients. They should be easily accessible from at least one of the clinic waiting areas and conveniently located for all the others.
(HBN 12, para. 4.57)

WCs

WC facilities should be easily accessible from each clinic waiting area. Each WC must have handwashing facilities.
(HBN 12, para. 4.56)

Earlier decision	Ref	5 ORGANISATION OF SERVICE 5.6 PATIENT TREATMENT - SUPPORT FACILITIES
21F	A	A clean utility room will be required situated: (a) adjacent to the treatment preparation area [ ] (b)
21E,F	B	The clean utility area will require facilities for: (a) preparation and storage of drugs, medicines and lotions [ ] (b) storage of clean and sterile supplies [ ] (c) preparing trolleys for the clinics [ ] (d) storage of controlled drugs [ ] (e) clinical handwashing [ ] (f)
21F	C	A dirty utility room will be required situated: (a) with direct access from the treatment preparation area [ ] (b) adjacent to a WC, with pass-through hatch for specimens [ ] (c)
	D	The dirty utility room will be used for: (a) testing urine [ ] (b) recording results [ ] (c) disposal of liquid waste [ ] (d) cleaning trolleys and other equipment [ ] (e) temporary holding of items for disposal [ ] (f) clinical handwashing [ ] (g)
16A	E	Patients' WC/handwashing facilities will be required: (a) in the main waiting area [ ] (b) adjacent to consulting/examination areas [ ] (c) near treatment areas [ ] (d)
23B,24B	F	An assisted patients' WC will be available: (a) near the waiting areas [ ] (b) adjacent to a dirty utility room [ ] (c)

OPD Manager's office
An office is required within the department for the OPD Manager.
(HBN 12, para. 4.44)

Sisters office
An office, similar to that for the OPD Manager, is required within the department for routine office work, for interviewing, and for discussion with staff.
(HBN 12, para. 4.45)

Appliance clerk's office
An office for routine office work, interviewing and discussions is required. In a department with a high surgical appliance workload, an office for two or three staff may be needed. The office should be located as close as possible to the consulting and examination room which the visiting appliance fitter will use.
(HBN 12, para. 4.46)

Office for visiting staff
A standard office should be provided for multi-purpose use by visiting staff. It should not be allocated to a particular person or discipline but made available as required on a sessional basis to a wide range of personnel, such as community psychiatric nurses (see HBN 35 - 'Accommodation for people with acute mental illness'), social workers, dietitians, and health visitors (see HBN 18 - 'Office accommodation in health buildings').
(HBN 12, para. 4.48)

Earlier decision	Ref	
		5 ORGANISATION OF SERVICE 5.7 ADMINISTRATION/EDUCATION
	A	The day to day general management of the department will be the responsibility of a: (a) OPD manager [ ] (b)
23B	B	Offices will be required in the department for the: (a) OPD manager [ ] (b) sister/charge nurse [ ] (c) surgical appliance clerk [ ] (d) visiting staff (on a sessional basis) [ ] (e)

Undergraduate medical students
If it has been agreed that the teaching of undergraduate medical students will take place in the accommodation, and their numbers necessitate additional space, this should be provided as part of the overall requirements for the unit. Reference should be made to the Department's letter DS 65/74 about teaching hospital space requirements, issued on 22 March 1974, and letter DS 86/74 dated 27 March 1974. (In Wales, reference should be made to letter HDS 3/57/1 dated 29 April 1974).
(HBN 12, para. 5.24)

Postgraduate medical education
Although education requiring certain special facilities will take place in the district's education centre, some teaching has to take place in the OPD. Apart from the use of seminar rooms, no special facilities are normally required elsewhere in the hospital.
(HBN 12, para. 5.25)

Nurse education
All districts undertake nurse and midwife education, and most have the approval of the statutory body to conduct qualifying courses. As qualifying and formal post-basic courses are largely clinically based, officers of the statutory body inspect or monitor clinical areas (as well as teaching accommodation) for adequacy, and volume and range of work.

Student nurses are likely to attend the OPD, but no special facilities are required.
(HBN 12, paras. 5.26 and 5.27)

Earlier decision	Ref	
		5 ORGANISATION OF SERVICE
		5.7 ADMINISTRATION/EDUCATION
WH	A	Clinical teaching/instruction (with space implications) will be carried out in the department for: (a) medical undergraduates [ ] (b)

Clinic hours

The conventional working hours for staff in an OPD are 9am to 5pm, Monday to Friday, although consideration should be given to providing special evening or weekend clinics, which may be more convenient for some patients and which may provide better utilisation of capital stock. If it is planned to open the OPD outside of standard times, this may affect the size of the accommodation required. Special attention will also need to be given to the availability of support services and facilities, and to the need for cleaning and maintenance.
(HBN 12, para. 2.9)

OUTPATIENT DEPARTMENT

Earlier decision	Ref	
		5 ORGANISATION OF SERVICE 5.8 STAFFING
6C, 11	A	Clinics will be arranged during: (a) normal working hours only (9-5 Monday-Friday) [ ] (b) evenings (SPECIFY) _____ (c) weekends (SPECIFY) _____ (d)
	B	The following grades of nursing staff will be working in the department (ESTIMATE NUMBERS)

	Part time	Full time	WTE
(a) nurse manager	____	____	____
(b) sister/charge nurse	____	____	____
(c) state registered nurse	____	____	____
(d) state enrolled nurses	____	____	____
(e) nurse learners	____	____	____
(f) auxiliaries	____	____	____

3-4, 22A — C

The estimated maximum number of medical and dental staff working in the department at any one time will be:

	Number
(a) consultant	____
(b) senior registrar	____
(c) registrar	____
(d) SHO	____
(e) junior doctors	____
(f) medical assistants	____
(g) clinical assistants	____
(h) dentist	____
(j) anaesthetist	____
(k)	

5 ORGANISATION OF SERVICE
5.8 STAFFING

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.8 STAFFING

3-4 A The paramedical, professional and technical staff working in the department will be: (SPECIFY PROFESSIONS)

		Number	Sessions per week
	(a) orthoptist	____	____
	(b) speech therapist	____	____
	(c) dental technician	____	____
19A	(d) physiological measurement technician	____	____
	(e) medical photographer	____	____
	(f) dental auxiliaries	____	____
	(g) dental hygienist	____	____
	(h) dental surgery assistant	____	____
	(j) psychologist	____	____
	(k) psychological technician	____	____
	(m) ECG technician	____	____
	(n) EEG technician	____	____
	(p) plaster technician	____	____
	(r) respiratory function technician	____	____
	(s) occupational therapist	____	____
	(t) surgical/orthopaedic appliance technician	____	____
	(u) dietician	____	____
	(v)		
	(w)		
	TOTAL	____	____

B The maximum total for each group in the department <u>at any one time</u> is estimated to be:

(a) paramedical _____

(b) professional _____

(c) technical _____

Portering
Movement of patients or goods within, to or from the OPD may be beyond the capacity of the occupants. This will generate requirements for portering assistance.
(HBN 12, para. 5.29)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.8 STAFFING

A The maximum number, for planning purposes, of the administrative/ancillary staff working in the department will be:

Earlier decision			Part	Full	WTE
15C	(a)	clerk/receptionist	____	____	____
16A, 17A	(b)	secretary/typist	____	____	____
	(c)	domestic assistants	____	____	____
	(d)	porter	____	____	____
	(e)	cleaner	____	____	____
	(f)	plaster orderly	____	____	____
	(g)	voluntary workers	____	____	____
	(h)		____	____	____

B Porters will be provided:
(a) exclusively for the department on a permanent basis [ ]
(b) seconded to the department [ ]
(c) from central portering services [ ]
(d)

WH C The person responsible for domestic services will be:
(a) a domestic supervisor [ ]
(b)

D Who will require accommodation:
(a) in the department (SPECIFY) _____
(b) outside the department [ ]
(c)

5 ORGANISATION OF SERVICE
5.9 STAFF FACILITIES

Staff facilities

The provision of suitable staff facilities is an important feature in the efficient functioning of an OPD. Because of the continuous pressure of work, it is essential to provide adequate rest facilities. A staff room, changing facilities and WC are needed (see paragraphs 4.43 and 4.49 of the HBN). Changing facilities may be provided either centrally, zonally or locally. To afford adequate privacy for staff, the rest facilities should be sited away from the patient and waiting areas.
(HBN 12, para. 3.15)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.9 STAFF FACILITIES

28-30 A

The average number of staff working in the department during a peak period is estimated, for planning purposes, as:

MALE _____

FEMALE _____

TOTAL _____

WH B

Staff will use:
(a) the central changing accommodation of the hospital with small lockers for personal possessions [ ]
(b) the central changing facilities but with some departmental facilities available for staff needing to shower and change [ ]
(c) zonal changing facilities [ ]
(d) changing facilities in the department [ ]
(e)

WH C

Rest room facilities for staff will be provided:
(a) in a staff rest room in the department [ ]
(b) outside the department [ ]
(c)

25E D

Staff will use the sanitary facilities:
(a) near to the clinic waiting area [ ]
(b) near to the staff offices and rest room [ ]
(c)

26B E

Case conferences will be held:
(a) in a consulting room [ ]
(b) in the staff room [ ]
(c)

5 ORGANISATION OF SERVICE
5.9 STAFF FACILITIES

Earlier decision	Ref	5 ORGANISATION OF SERVICE 5.9 STAFF FACILITIES
WH 30B	A	Porters will be based: (a) at a porters' room near the main hospital entrance [ ] (b)
WH 13C, 17D,E	B	Ambulance staff will have access to waiting facilities: (a) at the porters' room [ ] (b)

5 ORGANISATION OF SERVICE
5.10 SUPPLY AND STORAGE

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.10 SUPPLY AND STORAGE

A Supply deliveries to be controlled by a topping-up system will be:

Earlier decision			no. of days stock	frequency of delivery
21F, 22		(a) sterile supplies	____	____
		(b) linen	____	____
25A,B		(c) pharmacy supplies	____	____
		(d) medical and surgical sundries	____	____
		(e) cleaning materials	____	____
		(f) hardware and crockery	____	____
		(g) stationery	____	____
		(h) bulk disposables	____	____
		(j)		

B Supply deliveries to be controlled by requisition will be:

Earlier decision			no. of days stock	frequency of delivery
21F, 22 25A,B		(a) sterile supplies	____	____
		(b) linen	____	____
		(c) pharmacy supplies	____	____
		(d) medical and surgical sundries	____	____
		(e) cleaning materials	____	____
		(f) hardware and crockery	____	____
		(g) stationery	____	____
		(h) bulk disposables	____	____
		(j)		

C Linen will be kept:
(a) in the general supplies store [ ]
(b)

D And will be distributed by:
(a) linen exchange trolley [ ]
(b)

Controlled Drugs cupboard and alarm

If a Controlled Drugs cupboard is required, it should be located in the clean utility room and provided with alarms which comply with the requirements of HC(77)16. (see paragraph 6.53 of the HBN)
(HBN 12, para. 3.26)

Clean utility room

A clean utility room should be located adjacent to the treatment preparation area and have direct access to it. Provision is required for the preparation and storage of all drugs, medicines and lotions, and for a working supply of clean and sterile supplies, and the preparation of trolleys for the clinics. The Controlled Drugs cupboard may be located here. A clinical handwash basin is required.
(HBN 12, para. 4.33)

Appliance clerk's store

Space is required for the storage of surgical appliances delivered to the department and awaiting a fitting session. The store should be lockable. Ideally, this store should be located close to the appliance clerk's office and the consulting and examination rooms used by the appliance fitter.
(HBN 12, para. 4.55)

Earlier decision	Ref	5 ORGANISATION OF SERVICE 5.10 SUPPLY AND STORAGE
	A	Controlled Drugs, pharmacy supplies, medicine etc., will be stored in the:
21F 25A,B		(a) clean utility room [ ] (b)
	B	Dressings, sundries and sterile supplies will be stored:
21F 25A,B		(a) in a clean utility room [ ] (b) in a general supplies store [ ] (c)
	C	Resuscitation equipment will be available from:
		(a) a central point, within the department [ ] (b)
	D	A store for surgical appliances will be required:
26B		(a) close to the appliance clerk's office [ ] (b) near the consulting/examination rooms used by the fitter [ ] (c)
	E	Wheelchairs in use will be kept:
		(a) adjacent to the main waiting area [ ] (b)
	F	Storage for mobile equipment will be provided:
		(a) in a general equipment store [ ] (b)
	G	Stationery will be kept:
		(a) in a separate store [ ] (b)

Dirty utility room
A dirty utility room should be located with direct access from the treatment preparation area. Specimens may be passed through a hatch from the adjacent WC. Facilities are required for testing specimens of urine and recording results, and for the disposal of liquid waste. Provision is needed for the cleaning of dressing trolleys and other items of equipment, and for the temporary holding of items requiring reprocessing or disposal. A combined disposal unit with worktop will be needed. Clinical handwash facilities are required.
(HBN 12, para. 4.34)

Disposal holding
The disposal of used items (depending on Whole Hospital policy) is likely to be in bags. A room is required for the temporary holding of bags. It should be provided at the entrance to the department, within easy reach of the main hospital street.
(HBN 12, para. 4.60)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.11 DISPOSAL AND CLEANSING

WH A The system of disposal will be:
(a) soiled linen in bags, colour coded _____
(b) foul linen in bags, colour coded _____
(c) soiled dressings in bags, colour coded _____
(d) SDU items in bags, colour coded _____
(e) SDU items in labelled containers [ ]
(f) waste for destruction in bags, colour coded _____
(g) splint room waste (plaster) in _____
(h) inflammable waste (wax, plaster) in _____
(j) returnable empties in labelled containers [ ]
(k)

B Soiled linen will be collected:
(a) daily [ ]
(b) twice daily [ ]
(c)

C Waste for destruction/disposal will be collected:
(a) daily [ ]
(b) twice daily [ ]
(c)

D Returnable items will be collected:
(a) daily [ ]
(b)

E SDU items will be collected:
(a) daily [ ]
(b)

F Soiled items awaiting collection will be stored:
25D (a) temporarily in a dirty utility area, before transfer to a disposal holding room [ ]
(b) in a disposal holding room, within easy reach of the main hospital street [ ]
(c)

Cleaners space

Domestic services staff provide the immediate day-to-day cleaning service from this room. It should provide storage for cleaning materials and equipment in daily use, and facilities for the various activities undertaken. (HBN 12, para. 4.59)

Earlier decision	Ref	5 ORGANISATION OF SERVICE 5.11 DISPOSAL AND CLEANSING
WH 30A,C	A	Domestic cleaning will be carried out: (a) at night [ ] (b) during the evening [ ] (c) during the day [ ] (d)
	B	Cleaning will be carried out by: (a) domestic staff working in the department only [ ] (b) with wall washing and special cleaning by teams working outside busy periods [ ] (c)
	C	A cleaners' space will be required: (a) in the department [ ] (b)

Telephone services
Prompt internal communication between the general enquiry desk, the clinic reception desks and the health records department will be required. This is achieved with modern (electronic) telephone equipment and there should be no justification for the provision of separate intercommunication systems for this purpose.

Project teams may wish to consider the possibility of providing direct dialling in (DDI) for outpatients appointments. All provision for telephones should be in accordance with local Whole Hospital communications policy. Guidance concerning hospital telephone services is given in HBN 48 - 'Telephone Services. Guidance concerning the location of payphones for patients is contained in HBN 51 - 'Main Entrance to a District General Hospital' (in preparation)
(HBN 12, paras. 3.21 and 3.22)

Data transmission
Project teams will need to consider the provision, either initially or eventually, of data links in accordance with the Whole Hospital data transmission and handling policy. (see para. 5.23 of the HBN) It is anticipated that, as a minimum, data links will be required between the hospital computer, the general enquiry desk and clinic reception desk.
(HBN 12, para. 3.23)

6 COMMUNICATIONS AND OTHER ENGINEERING SERVICES

Earlier decision	Ref	
WH	A	Telephone communication will be provided by: (a) the central telephone system of the hospital [ ] (b) with local provision of (SPECIFY) _____ (c)
WH	B	Payphones for patients' use will be available: (a) in waiting areas [ ] (b) at the main entrance to the hospital [ ] (c)
15D 17A	C	Direct dialling inwards (DDI) for outpatients appointments: (a) will be provided [ ] (b) will not be provided [ ] (c)
15D 17A	D	Data links will be required between the hospital computer and: (a) the general enquiry desk [ ] (b) clinic reception desks [ ] (c)

6 COMMUNICATIONS AND OTHER ENGINEERING SERVICES

Staff location
The staff location system employed in the hospital should be extended to give adequate cover to the OPD. Guidance on these systems is given in HTM 20.
(HBN 12, para. 6.72)

Patient/Staff Calls
Provision will be needed for patient to staff calls from patients' WCs, and staff to staff calls from patients' WCs and from treatment areas. (see paragraphs 6.66 to 6.70 of the HBN). In addition, the staff location system employed in the hospital should be extended to give adequate cover to this department. (see para. 6.72 of the HBN)
(HBN 12, para. 3.25)

Next patient call system
Most patients in the clinic waiting area are called by name by the nurse or clinic receptionist. Special consideration needs to be given to calling patients with an auditory or visual handicap (see para. 6.71 of the HBN).
(HBN 12, para. 3.24)

Staff/staff call system
Staff/staff call points should be provided in all patient WCs and treatment rooms. Each call unit should comprise a pull switch, reassurance lamp and reset switch.
(HBN 12, para. 6.67)

Controlled Drugs Cupboard
In compliance with HC(77)16 (WHN(77)32 in Wales), a red indicating lamp should be provided on each Controlled Drugs cupboard. Remote indicating lamps should be provided, where appropriate, outside the doorway to the clean utility room in which the cupboard is located, in the Sister's office, at the enquiry counter, and, after working hours, in a continuously manned area external to the OPD. The lamps should be interlocked with the cupboard to give visual indication when the cupboard is unlocked and should be supplied from an essential circuit. For further information see HTM 63 'Fitted Storage Systems' and its associated specification for electrical services. The cupboard should be in accordance with BS 2881.
(HBN 12, para. 6.53)

Earlier decision | Ref | 6 COMMUNICATIONS AND OTHER ENGINEERING SERVICES

WH — A — Staff location will be via:
(a) pocket receivers issued to all essential staff [ ]
(b)

18 — B — A "next patient" call system will:
(a) not be required [ ]
(b) be required for patients with impaired hearing or visual handicap [ ]
(c)

C — A staff/staff call system will link the following with the staff base:
21A, 23 — (a) each treatment cubicle [ ]
(b) examination/treatment rooms [ ]
25E,F — (c) patients' WCs [ ]
(d)

D — Any emergency staff/staff alarm call will be transferred to a centrally manned point:
WH — (a) immediately [ ]
(b) after _____ minutes
(c)

25A,B — E — Indicating lamps to the Controlled Drugs Cupboard will be required:
(a) outside the doorway to the clean utility where the cupboard is located [ ]
34A
26B — (b) in the sister's office [ ]
15D,C — (c) at the enquiry counter [ ]
(d) at a continuously manned area after working hours [ ]
(e)

Hot, cold and drinking water services
The domestic hot water supply should be taken from the general hospital calorifier installation at an outflow temperature of 60 deg C +- 2.5 deg C, and distributed to all outlets so that the return temperature at the calorifier is not less than 50 deg C.

Where hot water temperatures of 60 deg C are required and, due to extensive pipe runs, this cannot be achieved, local booster water heaters, electrically heated, should be considered.

Guidance concerning cold water supply pipework and distribution systems is given in HTM 27. For frost protection purposes, and to prevent condensation staining decorative finishes, all cold water pipework, valves and flanges should be insulated and vapour sealed.

To control Legionallae, the water services should be designed, installed and commissioned in accordance with the recommendations in the DHSS Code of Practice.
(HBN 12, paras. 6.36 to 6.39)

Earlier decision | Ref

6 COMMUNICATIONS AND OTHER ENGINEERING SERVICES

WH A Domestic hot water supplies will be obtained from:
(a) the general hospital calorifier installation [ ]
(b) local booster electrical water heaters [ ]
(c)

Fire precautions

Design guidance relative to the fire precautions in new hospitals is given in HTM 81. Technical information concerning the design and specifications of fire detection and alarm systems is detailed in HTM 82 which also replaces or modifies certain clauses of BS 5839 Part 1 to meet the needs of health care premises. General advice on fire prevention, including the storage of flammable materials, is given in HTM 83.

The design of the engineering services should accord with the recommendations in the above HTMs and the engineer should verify his proposals in accordance with the procedure described in paragraph 5.16 of the HBN.
(HBN 12, paras. 6.16 and 6.17)

Earlier decision	Ref	6 COMMUNICATIONS AND OTHER ENGINEERING SERVICES
WH	A	Fire alarms, smoke doors and fire fighting equipment will be provided: (a) in accordance with the Whole Hospital Fire Policy [ ] (b) in accordance with decisions made by the architect, engineer and local fire authority officer [ ] (c)

Emergency electrical supplies

Guidance concerning the provision of emergency electrical supplies is given in HTM 11, and the grade of standby lighting provision is shown on the Activity Data 'A' sheets. Safety lighting in accordance with HTM 11 and BS 5266 should be provided on primary escape routes.

Socket outlets should be so distributed that, in each area where essential equipment may be used, socket outlets connected to at least two separate circuits of common phase are available with one circuit connected to the essential electricity supply system.

All socket outlets in patient treatment areas, and for computer equipment, together with all communication, clock and alarm systems throughout the department should be connected to the essential electricity supply system.
(HBN 12, paras. 6.63 to 6.65)

Doors

Doors should be wide enough to allow a clear space for people using a walking aid and for the passage of wheelchairs. In some parts of the hospital, doors must be wide enough to allow the passage of beds and complementary equipment, eg dripstands. Door springs should not be too strong, otherwise access for disabled people is very difficult. This also applies to the passage of beds etc. Lever handles should be 900mm above floor level. When glazed doors are provided, the size and height of the glass panels should be appropriate to requirements for visibility and privacy. If magnetic door closers are required to meet fire regulations, they should be carefully selected to minimise interference with day to day activities. In an emergency, it must be possible to enter WCs from the outside, and doors should be fitted with easygrip bolt handles. Bi-fold doors are not suitable. Reference should be made to HTMs 58 and 59 for information on suitable components and for further guidance.
(HBN 12, para. 5.40)

Earlier decision	Ref	6 COMMUNICATIONS AND OTHER ENGINEERING SERVICES
WH	A	Emergency electrical supplies will be available from: (a) the essential (hospital) electricity supply [ ] (b)
13,15A 16A	B	Entrance doors to the department will preferably be: (a) electrically operated [ ] (b) manually operated [ ] (c) with automatic closing [ ] (d)

7 GENERAL DESIGN REQUIREMENTS

Security

Assaults on hospital staff and theft of NHS property are recognised problems. The project team should discuss security with the officer in charge of the local Police Crime Prevention Department and the hospital or district security officer or adviser at an early stage in the design of the building. Fire and Security Officers should be consulted concurrently because the demands of security and fire safety may sometimes conflict. The attention is drawn to Circular HN(84)26, dated December 1984, about Security, and the NHS Security Manual issued with the circular.

Where violent incidents are foreseeable, employers have a duty under Section 2 of the Health and Safety at Work Act to identify the nature and extent of the risk and to devise measures which would provide a safe workplace and a safe system of work. Such measures should reflect the guidance given in the Health Service Advisory Committee report 'Violence to staff in the health services', issued in 1987. For example, careful attention should be given to:

a. the design of reception points and waiting areas;

b. access to pay-phones;

c. ease of visual contact with colleagues;

d. personal alarms and the location of panic buttons.

(HBN 12, paras. 3.17 and 3.18)

Earlier decision | Ref

7 GENERAL DESIGN REQUIREMENTS

The following general design requirements supplement the specific requirements stated in other sections of the document.

A **Security**
The areas requiring special attention for security reasons include:

	Area	Notes
	(a) reception areas	
	(b) waiting areas	
	(c) payphones	
38C,D	(d) staff/staff call	
	(e) personal alarms	
	(f) panic buttons	
	(g)	

C Security measures required should be discussed with:
(a) police crime prevention officers [ ]
(b) security officers [ ]
(c) fire officers [ ]
(d) safety officers [ ]
(e)

D Particular security measures provided will be: (SPECIFY)

(a) _____

(b) _____

(c) _____

7 GENERAL DESIGN REQUIREMENTS

Furnishings and finishes

Furnishings and fittings should be attractive in appearance but hardwearing; their selection should form an integral part of the design process and be co-ordinated within the overall design scheme. The problems of maintenance, cleaning and flammability should be borne in mind. (Flammability standards are set out in the Health Services Supply Purchasing Guide Vocabulary Section T).
(HBN 12, para. 5.36)

Flooring

It is important to select a floor covering which contributes towards the creation of an attractive environment, but which does not present a hazard to disabled people or the movement of wheeled equipment. It is important that whatever floor covering is chosen can be effectively cleaned, maintained and, where necessary, repaired. Rapid developments in soft floor covering technology have produced a wide variety of new materials. (see report of the Floor Covering Study Group issued to Health Authorities with HN(78)32 - in Wales WHN(78)92 - and Health Technical Memorandum 61 - 'Flooring'). Floors should not present, or appear to present, a slip hazard, and the patterning should not induce disorientation. Changes of floor level should be avoided wherever possible. Surface drag, static electricity, flammability, and infection hazards are other factors which need to be considered. (See also 'Maintenance and cleaning, paragraph 5.20).
(HBN 12, para. 5.37)

Earlier decision | Ref

7 GENERAL DESIGN REQUIREMENTS

A Furnishings and fittings should be used that are:
(a) attractive in appearance [ ]
(b) hardwearing [ ]
(c) co-ordinated within the overall design scheme [ ]
(d) easy to maintain and clean [ ]
(e) conform to flammability standards [ ]
(f)

B Flooring should be chosen that:
(a) co-ordinates with the overall design scheme [ ]
(b) does not present a hazard to disabled people [ ]
(c) does not inhibit the movement of wheeled equipment [ ]
(d) is easy to maintain, clean and repair [ ]
(e) looks and is non-slip [ ]
(f) does not produce disorientation [ ]
(g)

C Other factors to be considered are:
(a) changes of floor level should be avoided [ ]
(b) surface-drag and static electricity [ ]
(c) flammability [ ]
(d) infection hazards [ ]
(e)

D Design features that require consideration in regard to disabled people include:

Feature	Notes
(a) shape of rooms	
(b) use of internal rooms	
(c) door width and fittings	
(d) access to buildings	
(e) access to WCs	
(f) provision for people with sensory handicap	
(g)	

7 GENERAL DESIGN REQUIREMENTS

Noise and sound attenuation
Any unwanted sound is a noise. Rooms where consultations, diagnostic and clinical procedures take place should be sited so that they are not affected by external or internal noise. This will apply particularly to consulting, examination and treatment rooms.

Many confidential and personal interviews take place in an OPD. Careful attention should be paid to sound attenuation of partitions in rooms where these will be held.

Excessive sound insulation treatment may be avoided by careful planning. Noise-sensitive areas should be located as remotely as possible from the sources of unavoidable noise. Where necessary, sound transmission may be reduced by sound containing partitions and doors.

Noise reduction in a space can be assisted by the use of soft floor coverings, curtains and acoustic treatment of walls and ceilings, where this is hygienically acceptable.
(HBN 12, paras. 3.31 to 3.34)

Courtyards
There are several reasons why courtyards may usefully be provided in hospital buildings. They enable more rooms to receive natural daylight and ventilation. Secondly, they provide an outlook which can compensate for the lack of a longer view. Suitable layout and planting can help to preserve privacy in surrounding rooms. Ground-cover planting is often more successful than grass and is easier to maintain.

It is desirable to provide access to courtyards from day rooms or corridors wherever possible and thresholds should be designed to facilitate movement of disabled people. Seating should be provided. Access for maintenance and cleaning should be from a hospital street or other corridor so that patients and staff are not disturbed. Adequate water points, power-points and lighting, if necessary, should be provided in all courtyards.

Reference should be made to HBN 45 'External works for health buildings' (in preparation).
(HBN 12, paras. 5.30 to 5.32)

Disabled people
It is essential to ensure that suitable access and facilities are provided for disabled people who have problems of mobility or orientation. This includes, besides the wheelchair-bound, those who for any reason have difficulty in walking and those with a sensory disability such as a visual or hearing impairment. Authorities are reminded of the need tc comply with the provisions of the Chronically Sick and Disabled Persons Act 1970 as amended by the Chronically Sick and Disabled Persons (Amendment) Act 1976, the Disabled Persons Act 1981, and the Building (Disabled People) Regulations 1987. Attention is also drawn to BS 5810:1979 'Access for the Disabled to Buildings' (under review) one of the effects of the 1981 Act is to apply this British Standard to premises covered by the 1970 Act, which includes those open to the public. Practical guidance for complying with the Building (Disabled People) Regulations is issued by the Department of the Environment under Approved Document M: 'Access for the Disabled'.
HBN 12, para. 5.42)

Please also see HBN 12, paragraphs 5.43 to 5.45

Earlier decision	Ref	7 GENERAL DESIGN REQUIREMENTS
	A	Excessive noise may be generated by the following and will require consideration of sound attenuation: (a) (b) (c)
	B	Courtyards should be provided: (a) to enable more rooms to receive natural daylight and ventilation [ ] (b) with appropriate planting [ ] (c) with access from amenity rooms or corridors where possible [ ] (d)
43	C	The needs of people in wheelchairs or who have difficulty in walking must be taken into account and design features should include: (a) ramps [ ] (b) seating in courtyards etc [ ]
41B		(c) adequate door clearance and lever handles at a suitable height [ ] (d)

Smoking
Health Circular HC(85)22 dated May 1985 -WHC(85)31 dated June 1985 in Wales - provides guidance about smoking on health premises. While recognising that the responsibility for determining local policies rests with the health authority, the circular recommends that smoking should be restricted as far as is practicable and, where it is permitted, confined to specially designated areas which are clearly signposted. In such areas, ventilation should be sufficient to prevent discomfort to non-smokers and the spread of odours to other areas of the premises.
(HBN 12, para. 5.18)

Earlier decision | Ref

7 GENERAL DESIGN REQUIREMENTS

40A A Smoking will only be allowed in:
(a) specially designated areas (with adequate ventilation) [ ]
(b)

DESIGN BRIEFING SYSTEM

PART 2

This part of the document should be used when all the decisions in Part 1 have been completed, to select and record suitable activity spaces for the project. Whilst an activity space can be equated with a room, it may also be an unenclosed space such as a bay or corridor.

It is recommended that a sub-group of the planning team should select the activity spaces and related data sheets outside the main meeting so that sufficient time is available to thoroughly check the implication of planning decisions taken in Part 1.

COMPLETING PART 2

The activity spaces likely to be required have been divided into suitable groups of accommodation (eg SANITARY FACILITIES). References are provided in the "Earlier Decision" column to decisions in Part 1 which may have an effect on the activity space chosen. Activity spaces are selected using the existing bank of DHSS activity data sheets ("A" sheets), which may require modification to suit particular projects, or new "A" sheets may be generated.

The reference letter and number of "A" sheets, from which a choice may be made, should be recorded in the column (eg Disposal - Y1610). The number of activity spaces required should be entered in the "No" column. The "locational relationship" column should be used to state any important locational relationships within the department, either by ticking those already entered or adding new statements.

When all activity spaces have been chosen for each group, the whole of Part 2 should be reviewed, in its entirety, to enable the planning team to rationalise any over-provision or reconsider areas that may be shared, eg sharing of facilities between sections or sub-departments.

The schedule of activity spaces and data sheets may be typed directly from the completed Part 2, including any guidance the team may decide to include to assist designers.

DESIGN BRIEFING SYSTEM

OUTPATIENT DEPARTMENT

PART 2

SCHEDULE OF ACTIVITY SPACES

The accommodation to be provided in the Outpatient Department is scheduled in the following groups of accommodation.

	Page
ENTRANCE/RECEPTION/WAITING	48
CLINIC/CONSULTATION/TREATMENT	49
UTILITIES	50
OFFICES	51
STORES	52
SANITARY FACILITIES	53

Decisions

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		ENTRANCE/RECEPTION/WAITING			
15,37D 38E,41B	A	ENQUIRY DESK		J0211	
16A	B	PLAY AREA - CHILDREN		J1401 J1409	
17,3H,E 37B,38B	C	RECEPTION - CLINIC		J0806	
22B	D	CLINIC WAITING - up to 25 chairs		J1116	
22B,24		- 10 places		J1217	

Planning unit/dept	Page	Design Briefing System	Decisions
OPD	49	OUTPATIENT DEPARTMENT	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		CLINIC/CONSULTATION/TREATMENT			
19	A	WEIGHING/MEASURING HEIGHT		C1401	
24	B	VENEPUNCTURE CUBICLE		C1404	
20,38C	C	COMBINED CONSULTING/EXAMINATION ROOM		C0216	
	D	CONSULTING ROOM		C0103	
	E	EXAMINATION ROOM : VH BED		C0506	
21	F	TREATMENT PREPARATION AREA		X0109	
21	G	TREATMENT ROOM WITH PREPARATION AREA		X0112	
21	H	TREATMENT ROOM - 2 spaces		X0108	
22B	J	CHIROPODY ROOM		X0210	
23	K	PLASTER FACILITIES		X0206	

Planning unit/dept	Page	Design Briefing System	Decisions
OPD	50	OUTPATIENT DEPARTMENT	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		UTILITIES			
25A,B 34A,B 38E	A	CLEAN UTILITY		T0505	
25C,D 35	B	DIRTY UTILITY		Y0412	
33,36	C	CLEANERS SPACE		Y1503	
35	D	DISPOSAL ROOM		Y0610	
	E	SWITCHGEAR: ROOM/SPACE/CUPBOARD		K0101	

OUTPATIENT DEPARTMENT

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		OFFICES			
26	A	MANAGER'S OFFICE		M0201a	
26,38E	B	SISTER'S OFFICE		M0201b	
26	C	APPLIANCE CLERK'S OFFICE		M0531	
23	D	INTERVIEW OFFICE - Plaster Facilities		M0711	
15E,26	E	VISITING STAFF OFFICE		M0112a	
15E	F	INTERVIEW ROOM		M0704	
31	G	STAFF ROOM		D0201	

Planning unit/dept	Page	Design Briefing System	Decisions
OPD	52	OUTPATIENT DEPARTMENT	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		STORES			
33	A	GENERAL SUPPLIES STORE		W1530	
34F	B	GENERAL EQUIPMENT STORE		W1531	
33	C	CLINIC STORE		W1532	
22B,33	D	CHIROPODY STORE		W1533	
23,33	E	APPLIANCE CLERK'S STORE		W1515	
23	F	PLASTER STORE		W1513	
23	G	PLASTER EQUIPMENT STORE		W1514	
34F	H	WALKING AIDS STORE		W1534	
33	J	STATIONERY STORE		W1507	

Decisions

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		SANITARY FACILITIES			
25E,38C	A	PATIENTS WASHROOM/WC		V1106	
25D,F, 38C,43D	B	WC/WASH - DISABLED PATIENT (with pass-through hatch)		V0906	
31	C	STAFF WASHROOM/WC		V1011	
16A,38C	D	PATIENTS WASHROOM AND NAPPY CHANGE		V1113	

Planning unit/dept	Page	Design Briefing System	Guidance
OPD	20	OUTPATIENT DEPARTMENT	

5 ORGANISATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

Combined consulting and examination rooms
The HBN has been prepared on the basis that the combined consulting and examination room is preferable to separate consulting rooms and examination rooms. The combined room facilitates unbroken consultation and examination and, if there is only one door, greater acoustic privacy is achieved. The combined room has greater flexibility in use, as it may be used for either consultation, or examination, or it may be used for both. The provision of combined rooms also simplifies the present and future allocation of rooms to doctors for particular clinics.

A standard consulting and examination room should be large enough to accommodate a doctor, a nurse, a patient (who may be in a wheelchair), and a patient's escort.

The room will be used for consultation, examination, taking and recording of blood pressure, and for minor diagnostic and treatment procedures. Space is needed for a desk and chairs, and an examination couch, screened by curtains. There should be sufficient space within the curtained area for a patient to undress/dress in privacy, with assistance when required. The examination couch should be accessible from both sides. Space is needed for a mobile adjustable inspection lamp. Clinical handwash facilities are required.

The layout of the room should ensure maximum privacy, especially when the door is opened. Although communication doors between adjacent consulting and examination rooms may facilitate the movement of staff, their use intrudes upon both the patient's privacy and the consultation, so that they are not recommended. If they are provided, such rooms must not be used as a general traffic route.

Standard consulting and examination rooms can be used by a wide range of specialties. They should not be used routinely as offices, although they can be allocated, for example, as a base for a social worker for the period of a clinic.
(HBN 12, paras. 4.19 to 4.23)

Consulting rooms with separate examination rooms
Consulting rooms with adjacent examination rooms may be justified for some clinics. They do not provide the flexibility of combined consulting and examination rooms because each is permanently committed to a single purpose. They limit the number of clinics which can be undertaken in the same overall area.

Diagram 2 of the HBN illustrates the comparative space utilisation in the choise of provision of either combined consulting/examination rooms, or consulting rooms with adjacent separate examination rooms. Diagrams 3 and 4 of the HBN illustrate alternative clinic suite arrangements using a group of 6 combined consulting/examination rooms and their flexibility of use.
(HBN 12, paras. 4.24 and 4.25)

Planning unit/dept	Page	Design Briefing System	Decisions
OPD	20	OUTPATIENT DEPARTMENT	

5 ORGANISATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

Earlier decision	Ref	
	A	Patients referred to the department for consultation/examination/assessment will be seen in: (a) the combined consulting and examination rooms [✓] (b)
	B	Each standard consulting and examination room will be able to accommodate: (a) a doctor [✓] (b) a nurse [✓] (c) a patient (who may be in a wheelchair) [✓] (d) an escort [✓] (e)
	C	Each room will ensure privacy while being used for: (a) consultation [✓] (b) examination (using a couch) [✓] (c) taking and recording blood pressure [✓] (d) minor diagnostic and treatment procedures [✓] (e) clinical handwashing [✓] (f) temporary use by visiting staff (eg social worker) [✓] (g)
	D	Consulting rooms with separate examination rooms will: (a) not be required [✓] (b) be required for (SPECIFY WITH RATIO) _____ ___:___ _____ ___:___

EXAMPLES OF WAYS IN WHICH A SECTION OF A BRIEF COULD BE TYPED FROM THE OPTIONS PAGE ABOVE

OPTIONS SELECTED - TYPED DIRECTLY FROM DBS PAGE 20

5 ORGANISATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

A Patients referred to the department for consultation/examination/assessment will be seen in:
(a) the combined consulting and examination room

B Each standard consulting and examination room will be able to accommodate:
(a) a doctor
(b) a nurse
(c) a patient (who may be in a wheelchair)
(d) an escort

C Each room will ensure privacy while being used for:
(a) consultation
(b) examination (using a couch)
(c) taking and recording blood pressure
(d) minor diagnostic and treatment procedures
(e) clinical handwashing
(f) temporary use by visiting staff (eg social worker)

D Consulting rooms with separate examination rooms will:
(a) not be required

OPTIONS SELECTED - NARRATIVE FORM

5 ORGANISATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

Patients referred to the department for consultation/examination/assessment will be seen in the combined consulting and examination rooms 20A

Each standard consulting and examination room will be able to accommodate a doctor, a nurse, a patient (who may be in a wheelchair) and an escort. 20B

Each room will ensure privacy while being used for consultation, examination using a couch, taking and recording blood pressure, minor diagnostic and treatment procedures, clinical handwashing and temporary use by visiting staff (eg social worker). 20C

Consulting rooms with separate examination rooms will not be required. 20D

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5 ORGANISATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

Combined consulting and examination rooms
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(HBN 12, paras. 4.24 and 4.25)

Earlier decision | Ref

5 ORGANISATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

A Patients referred to the department for consultation/examination/assessment will be seen in:
(a) the combined consulting and examination rooms [✓]
(b)

B Each standard consulting and examination room will be able to accommodate:
(a) a doctor [✓]
(b) a nurse [✓]
(c) a patient (who may be in a wheelchair) [✓]
(d) an escort [✓]
(e)

C Each room will ensure privacy while being used for:
(a) consultation [✓]
(b) examination (using a couch) [✓]
(c) taking and recording blood pressure [✓]
(d) minor diagnostic and treatment procedures [✓]
(e) clinical handwashing [✓]
(f) temporary use by visiting staff (eg social worker) [✓]
(g)

D Consulting rooms with separate examination rooms will:
(a) not be required [✓]
(b) be required for (SPECIFY WITH RATIO)

_____ ___:___

_____ ___:___

EXAMPLES OF WAYS IN WHICH A SECTION OF A BRIEF COULD BE TYPED FROM THE OPTIONS PAGE ABOVE

OPTIONS SELECTED - TYPED DIRECTLY FROM DBS PAGE 20

5 ORGANISATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

A Patients referred to the department for consultation/examination/assessment will be seen in:
(a) the combined consulting and examination room

B Each standard consulting and examination room will be able to accommodate:
(a) a doctor
(b) a nurse
(c) a patient (who may be in a wheelchair)
(d) an escort

C Each room will ensure privacy while being used for:
(a) consultation
(b) examination (using a couch)
(c) taking and recording blood pressure
(d) minor diagnostic and treatment procedures
(e) clinical handwashing
(f) temporary use by visiting staff (eg social worker)

D Consulting rooms with separate examination rooms will:
(a) not be required

OPTIONS SELECTED - NARRATIVE FORM

5 ORGANISATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

Patients referred to the department for consultation/examination/assessment will be seen in the combined consulting and examination rooms 20A

Each standard consulting and examination room will be able to accommodate a doctor, a nurse, a patient (who may be in a wheelchair) and an escort. 20B

Each room will ensure privacy while being used for consultation, examination using a couch, taking and recording blood pressure, minor diagnostic and treatment procedures, clinical handwashing and temporary use by visiting staff (eg social worker). 20C

Consulting rooms with separate examination rooms will not be required. 20D

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EXAMPLES OF WAYS IN WHICH A SECTION OF A PAGE COULD BE TYPED FROM THE OPTIONS PAGE ABOVE

OPTIONS SELECTION - TYPED DIRECTLY FROM OWN PAGE 20

5 ORGANIZATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

A Patients referred to the department for consultation/examination/assessment will be seen in:

(a) the combined consulting and examination room

B Each standard consulting and examination room will be able to accommodate:

(a) a doctor
(b) a nurse
(c) a patient (who may be in a wheelchair)
(d) an escort

C Each room will ensure privacy while being used for:

(a) consultation
(b) examination (using a couch)
(c) taking and recording blood pressure
(d) minor diagnostic and treatment procedures
(e) clinical handwashing
(f) temporary use by visiting staff (eg social worker)

D Consultation rooms with separate examination areas will not be required.

OPTIONS SELECTION - NARRATIVE FORM

5 ORGANIZATION OF SERVICE
5.2 PATIENT CONSULTING/EXAMINATION

Patients referred to the department for consultation/examination/assessment will be seen in the combined consulting and examination rooms 204

Each standard consulting and examination room will be able to accommodate a doctor, a nurse, a patient (who may be in a wheelchair) and an escort. 203

Each room will ensure privacy while being used for consultation, examination (using a couch), taking and recording blood pressure, minor diagnostic and treatment procedures, clinical handwashing and temporary use by visiting staff (eg social worker). 202

Consulting rooms with separate examination areas will not be required. 201

DH

DBS 12 OUT-PATIENTS DEPARTMENT

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